



Staff Agency for the Judicial Conference of Indiana

Court Alcohol and Drug Program Scholarship

EXPENSE DOCUMENT FORM

To receive reimbursement for Court Alcohol and Drug Program Scholarship dollars, please send the Judicial Center the original receipts and other expense documentation as listed below. Complete this form in ink and enclose original receipts for expenses along with the Auditor federal identification number and W9. Program Director signature is required. The Scholarship will pay 80% of the total expenses indicated below up to a total of \$1,000 whichever is less.

Tuition Expense	Attach copy of program brochure listing tuition and other fees. (Not required if sent with original scholarship application.)	Amount: _____
Air Travel Expenses	Attach receipt for airline passenger ticket.	Amount: _____
In-state Auto Travel Expenses	Judicial Center pays County Seat to County Seat Amount	Amount: _____ (IJC enters amount)
Out-of-State Auto Travel Expenses	Odometer on return _____ Odometer on depart _____	Amount: _____ (IJC enters amount)
Lodging Expense	Attach receipt for room charge	Amount: _____
		TOTAL Amount: _____

Please have Scholarship warrant made payable to:

(Give full name of the certified Alcohol and Drug Program on this space to receive the scholarship)
(No scholarship checks will be issued in any other name)

I have examined the preceding information and attached documents, and certify that the reported expenses were actually incurred to attend the program approved by the Indiana Judicial Center for a Court Alcohol and Drug Program Scholarship.

(Federal ID#) & Copy of W-9, Required for payment

Program Director

Payment approval by IJC

Date

Signature